

JUN 23 2006

PTO/SB/21 (09-04)

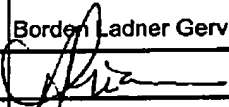
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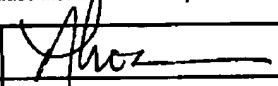
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|--|----------------------|------------------------|------------|
| TRANSMITTAL FORM | Application Number | 09/995,697 | |
| | Filing Date | November 29, 2001 | |
| | First Named Inventor | Gordon KERR et al. | |
| | Art Unit | 2157 | |
| | Examiner Name | EL CHANTI, Hussein A | |
| (to be used for all correspondence after initial filing) | | Attorney Docket Number | PAT 2678-2 |
| Total Number of Pages in This Submission | | 9 | |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Pre-Appeal Brief Request for Review |
| Remarks Attention: MAIL STOP AF Fax No.: 571-273-8300 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|-----------------|
| Firm Name | Borden Ladner Gervais LLP | |
| Signature |  | |
| Printed name | Anne Kinsman | |
| Date | June 23, 2006 | Reg. No. 45,291 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|---|--------------------|
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| Signature |  | |
| Typed or printed name | Anne Kinsman | Date June 23, 2006 |

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JUN 23 2006

PTO/SB/17 (12-04)

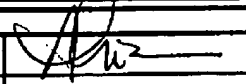
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| | | | |
|---|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number 09/995,697 Filing Date November 29, 2001 First Named Inventor Gordon KERR et al. Examiner Name EL CHANTI, HUSSEIN A Art Unit 2157 Attorney Docket No. PAT 2678-2 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$ 620.00 | | | |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 501593 Deposit Account Name Borden Ladner Gervais LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | |
|---|--|

| FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
|---|-------------|-----------------------|---|-----------------------|----------------------------------|-----------------------|------------------------------|
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | | 50 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | Fee (\$) |
| - 20 or HP = _____ x _____ = _____ | | | | Fee (\$) | | Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| - 3 or HP = _____ x _____ = _____ | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other: Notice Appeal Fee (500.00) and Extension of Time (120.00) | | | | | | | 620.00 |

| | | | |
|---|--|---|--------------------------|
| SUBMITTED BY | | Registration No. 45,291 (Attorney/Agent) | Telephone (613) 237-5160 |
| Signature  | | | |
| Name (Print/Type) Anne Kinsman | | | Date June 23, 2006 |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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